

| CLAIMS ONLY | | | | | | | Application Number <div style="font-size: 1.2em; font-weight: bold;">10771391</div> | Filing Date | | | | |
|---|----------|--------|-----------------------|--------|------------------------|--------|--|-------------|-------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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10771391

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 1 | | | | | |
| Total Depend | 8 | | | | | |
| Total Claims | 9 | | | | | |

May be used for additional claims or amendments

| | Indep | Depend | Indep | Depend | Indep | Depend |
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